



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services

255 Rockville Pike, 2nd Floor

Rockville, Maryland 20850-2368

240-777-3986 Fax 240-777-3088

Website: www.montgomerycountymd.gov/mc/services/hhs/license

RAFFLE PERMIT APPLICATION

Application is hereby made for a Raffle Permit in Montgomery County, Maryland

TODAY'S DATE _____
(Please Print)

Name of Organization Conducting Raffle: _____

Mailing Address of Organization: _____

Street Number and Street Name

City State Zip Code

Telephone Number: _____
include area code

Location of Raffle: _____

Street Number and Street Name

City State Zip Code

Starting Date of Raffle: _____ Ending Date of Raffle: _____

Item(s) to be Raffled: _____

Number of Tickets to be Sold: _____ Cost of Each Ticket: _____

Name of Organization Officer: _____ Title: _____

Address of Organization Officer: _____

Street Number and Street Name

City State Zip Code

Telephone Number: _____
include area code

Fax Telephone: _____ Email Address: _____
Include area code

Person(s) actually conducting raffle: _____
(Must be Montgomery County resident(s) and member(s) of the organization)

Two Page Application – Be sure to complete both pages.

OFFICE USE ONLY

Receipt Number: _____

Amount Paid: _____

Check/Money Order Number: _____

Date Issued: _____

Date Expires: _____

Record Number: _____

Raffle Permit Application
Page 2

I, the undersigned:

- a. Having read Article 27, Section 255B, the organization I represent is eligible to conduct a Raffle under said law,
- b. No agreement exists for the diversion of any proceeds from the Raffle to any other person, or legal or business entity,
- c. No person, or legal or business entity shall receive any portion of the proceeds of the raffle except in furtherance of the purpose of the non-profit organization.

Signature of Organization Officer Responsible: _____

Title of Organization Officer Responsible: _____

Please have application notarized below.

State of Maryland

Montgomery County, to wit:

This certifies that on this _____ day of _____, _____, before the subscriber, a Notary Public in and for the State and County aforesaid personally appeared the applicant(s) named in the foregoing application and made oath in due form of law that the statements made therein are true to the best of his/her knowledge and belief.

Witness my hand and official seal.

My commission expires; _____

Notary Public

The following attachments must accompany the application

1. Submit a brief statement of purpose and objective of your organization and the purpose for which proceeds will be used, signed by the applicant(s).
2. Submit the names and addresses of all organization officers and directors.
3. Submit a copy of the letter your organization received from the Internal Revenue Service establishing your group as a non-profit organization exempt from federal income tax under section 501 (c) (3), (4), (7), or (10) of the Internal Revenue Code.
4. A copy of the Disclosure Statement filed with the Secretary of State of Maryland must be submitted when the raffle involves real property (real estate).

Fee Information: *Please refer to Raffle Fact Sheet*

Payment Method

☐ Cash ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard

Credit Card No: _____ Name on Card: _____ Exp. Date: _____

Submit completed application and application fee to Licensure and Regulatory Services, 255 Rockville Pike, 2nd Floor, Rockville, Maryland 20850. Payment can be made by check or money order, payable to **“Montgomery County, Maryland”** or on a Visa or Mastercard credit card or checking card. ***We are unable to accept cash payments.***